

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMI

033. PROGRA  
SECURIT4. PROPOS  
May 1,

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NI

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 431.625

7. FEDERAL

a. FFY   b. FFY   

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

*none*  
Attachment 3.2-A pg 1a9. PAGE NU  
OR ATTA

Attachm

10. SUBJECT OF AMENDMENT:

removes exemption from Medicare/Medicaid reimbursement method  
*duplicate, unnecessary language*

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☒ OTHER☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

*Janet Olszewski*

13. TYPED NAME:

Janet Olszewski

14. TITLE:

Director

15. DATE SUBMITTED:

*3/5/2003*

16. RETURN TO:

Michigan D  
Policy and  
Federal Li  
400 South  
Lansing, M  
ATTN: Nan**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

*3/5/03*

18. DATE APPRO

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

*MAY 1, 2003*

20. SIGNATURE

*[Signature]*

21. TYPED NAME:

22. TITLE:

*Associate Dir*

23. REMARKS:

DATE:

Michigan

DEPARTMENT OF THE SOCIAL

IDENT

1)

(61)

(92)

PLAN SECTION

reel chain

szewski

Department  
Community Health

Health